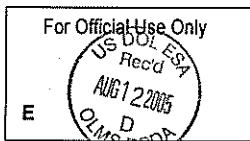


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5463</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Danell</u> <u>A</u> <u>Godbout</u> P.O. Box, Bldg., Room No., if any Street <u>851 Pierce Butler Rt</u> City <u>ST Paul</u> State <u>mn</u> ZIP Code + 4 <u>55104-1634</u>	4. Name, file number, and address of labor organization. Name <u>Iron workers Local Union 512</u> Labor Organization File Number <u>022-158</u> P.O. Box, Building and Room Number, if any Street <u>851 Pierce Butler Rt</u> City <u>ST Paul</u> State <u>mn</u> ZIP Code + 4 <u>55104-1634</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Overhead Door Co / Duluth</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2319 west 1st street</u> City <u>Duluth</u> State <u>mn</u> ZIP Code + 4 <u>55806</u>	7.a. Nature of Interest, Transaction, or Income. <u>Lunch to talk about upcoming work on 1/27/04</u> 7.b. Amount. <u>\$8.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7-6-04</u> Date	<u>651-489-1488</u> Telephone Number

Name of Person Filing <u>Danrell A Godbout</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Twin City Ironworkers Apprenticeship and Training Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>55425-1419</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides Apprenticeship and Journeyman upgrading Services</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$300,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reception and Dinner provided in connection with attendance at apprentice graduation ceremony on 4/30/04 10/29/04</u></p> <p>12.b. Amount. <u>\$52.00</u></p>

Name of Person Filing <u>Danell A Godbout</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Twin City Ironworkers Apprentices and training fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 metro Drive

City Bloomington

State mn ZIP Code + 4 55425-1419

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides Apprentices and Journeyman upgrade services

11.b. Approximate dollar value of such dealing.

\$300,000

12.a. Nature of interest held or income received.

Box lunch provided with Attendance at the local and regional Joint Apprenticeship Committee meeting on 1/28/04 4/7/04 8/12/04 9/29/04 10/6/04

12.b. Amount.

\$5000

Name of Person Filing <u>Danell A Godbout</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Twin City Ironworkers Fringe benefit funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State mn ZIP Code + 4 55425-1412

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

act as Enisa Trust funds for
Pantier pants

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Box Lunches provided in connection
with Attendance at Twin City
Ironworkers Fringe Funds Trustee
meetings on 2/10/04 5/12/04
7/20/04 8/25/04

12.b. Amount.

\$50.00

